# 2018-19 WEEKLY INFLUENZA UPDATE



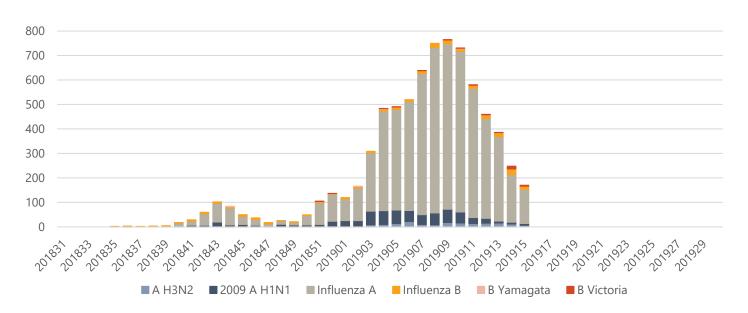
Preliminary data through week **201915**, the week ending **4/13/2019** Edited by: Laura Cronquist, Enteric/Vectorborne/Zoonotic Disease Epidemiologist

# **OVERVIEW**

As of this week:	This season (2018-19)	Last season (2017-18)
Cases reported for the week	170	133
<b>Cumulative cases for season</b>	7,571	8,109
Activity level	Regional	Regional

Influenza activity remains relatively high in the United States, and the majority of activity is now due to influenza A(H3N2) viruses. Because influenza A(H3N2) viruses may be associated with severe disease in older adults, early empiric treatment with influenza antiviral medications is recommended for hospitalized and high-risk patients, especially those 65 years and older. Antiviral treatment should be started as soon as possible after illness onset and should not wait for laboratory confirmation.

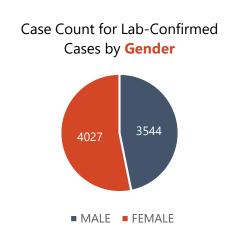
#### Number of Reported Laboratory-Identified Influenza Cases by Week

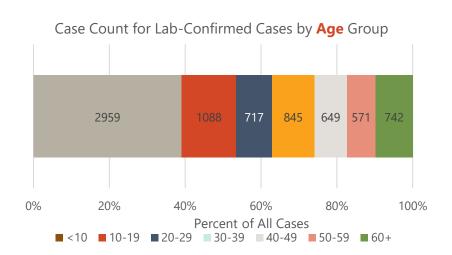


Number of	A H3N2	2009 A H1N1	Influenza A	Influenza B	<b>B</b> Yamagata	<b>B Victoria</b>
cases:						
This week	7	7	139	13	0	4
This season	180	632	6482	243	7	27

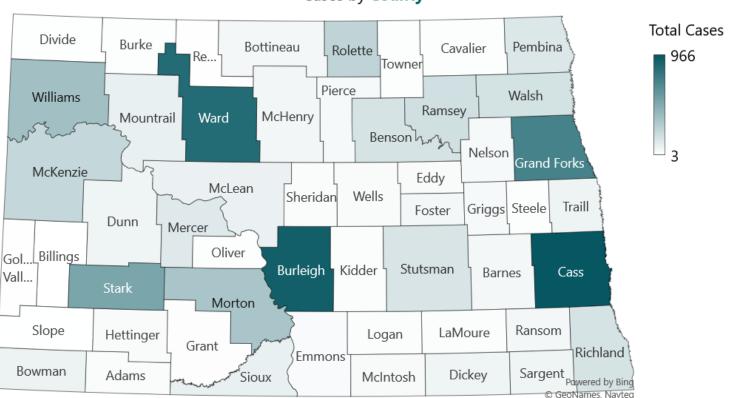
Laboratory-confirmed influenza is a reportable disease in North Dakota. Influenza "cases" include people that have tested positive for influenza in a healthcare setting. It does not include people with influenza who did not seek healthcare, or who were diagnosed without a lab test, which is common. The true number of people with influenza in North Dakota is underrepresented, but case data allows us to see where and in what populations influenza is circulating. It also provides context regarding how the current season compares with previous seasons. Find more information about cases on <a href="https://www.ndflu.com">www.ndflu.com</a>.

## **CASE DEMOGRAPHICS**





#### Cases by County



#### **OUTBREAKS**

During the influenza season, influenza outbreaks are common anywhere people gather, including schools, child care centers, and health care facilities. Outbreaks of influenza or influenza-like illness may be reported to the NDDoH. The following outbreaks have been reported this season:

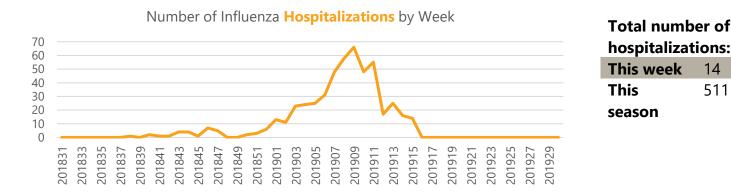
Setting	Number of outbreaks	Identified pathogens
Long Term Care, Basic Care,	17	11 influenza A; 1 influenza A/B; 1
Assisted Living		rhinovirus/Haemophilus influenzae; 4 unknown
Schools	3	1 influenza A/B; 2 influenza A
<b>Child Care Centers and</b>	3	1 influenza A; 1 unknown, 1 influenza A/RSV
Preschools		

### SURVEILLANCE PROGRAMS

In addition to case reporting, the NDDoH uses a variety of information sources to fully describe what is happening during the influenza season.

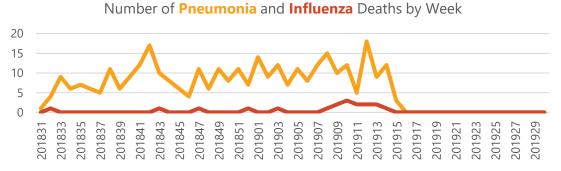
# Hospitalizations

This season, the NDDoH has introduced a new influenza hospitalization surveillance program. Select North Dakota hospitals report the number of influenza-related hospitalizations weekly to the NDDoH. Because this surveillance methodology is new, hospitalization numbers this year may not be comparable to those seen in previous years.



# **Deaths**

Data on pneumonia and influenza deaths is obtained from Vital Records and based on the cause of death listed on the death certificate.

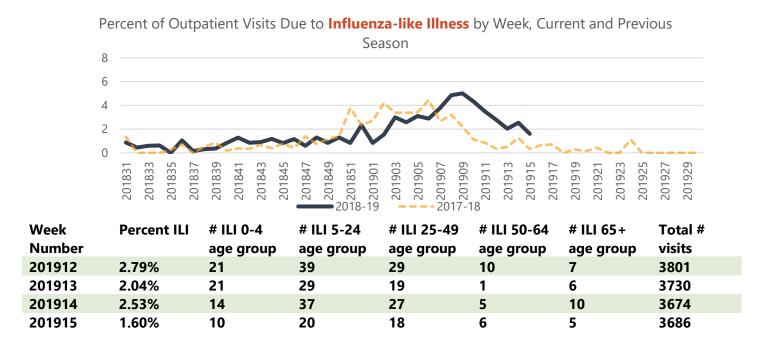


Total number of deaths for the season:

Pneumonia 332
Influenza 18

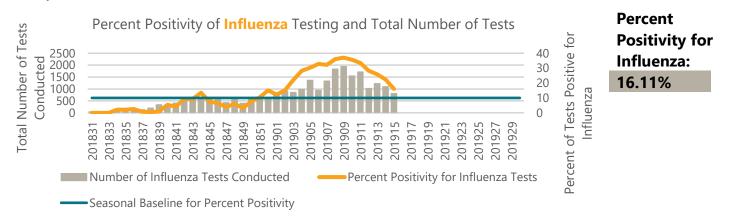
## **Outpatient Influenza-like Illness**

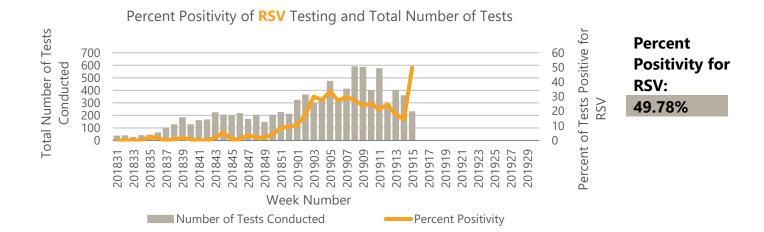
The NDDoH participates in the national U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet). Data from participating outpatient providers in North Dakota are pooled to create a state-wide estimate for the weekly percent of healthcare visits due to influenza-like illness (ILI). Patients presenting with a fever of 100°F or greater and a cough and/or sore throat are considered to have ILI. For more information on state and national ILINet data, see <a href="FluView">FluView</a> Interactive.



# **Sentinel Laboratory Data**

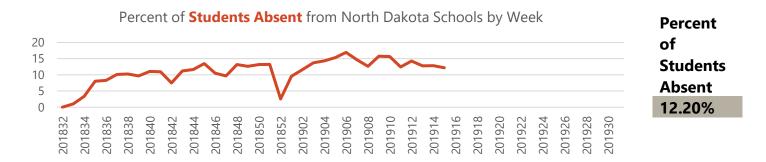
The NDDoH receives influenza and RSV testing data from participating sentinel laboratories across the state. The total number of positive tests and the total number of tests conducted are reported and used to create a state-wide percent positivity statistic. For influenza, percent positivity of 10% or greater indicates "season level" influenza activity.



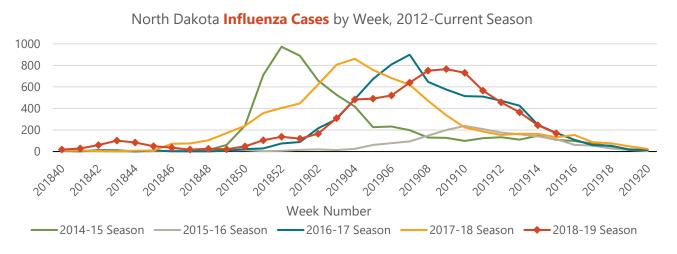


#### **School Absenteeism**

During the influenza season, increases in school absenteeism data can be used as an early indicator for influenza circulation. The NDDoH received absenteeism data from a majority of schools in the state. Data here include absences for all reasons.



## **MULTISEASON COMPARISON**



Season	<b>Total Cases</b>	Peak Week (week ending)	Predominant Strain
2014-15	6,443	12/27/2014	A H3N2 (vaccine mismatch)
2015-16	1,942	3/12/2016	2009 A H1N1
2016-17	7,507	2/18/2017	A H3N2

## **2018-19 VACCINATION STATS**

#### **Vaccine Doses Administered**

The North Dakota Immunization Information System (NDIIS) provides information on vaccines given in ND. Vaccines given to children are required to be entered into the NDIIS, while vaccines given to adults are often entered into the NDIIS but are not required to be entered. Many providers in North Dakota have established an electronic connection with the NDIIS, allowing all vaccinations for that provider to be sent to the NDIIS automatically. A total of **270,510** doses of 2018-19 influenza vaccine have been entered into the NDIIS so far this season.

Influenza Vaccine Doses Administered by Week Number

45,000
40,000
35,000
25,000
20,000
10,000
5,000
0

20,000
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**Vaccination Rates by Age** 

NDIIS data can also be used to estimate the percent of North Dakotans in each age group that have received an influenza vaccination so far this season. This week, the age group with the highest rates is 65+ at 52.9%, and the age group with the lowest vaccination rate is 19-49 year-olds, at 20.8%.



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